

S/N: TBA

3/8/2001

DOCKET NO.: OGA-181-USAP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Mitsuru HIGUCHI, et al.

Serial No.: TO BE ASSIGNED

Art Unit: TO BE ASSIGNED

Filed: March 8, 2001

Examiner: TO BE ASSIGNED

For: ELECTRONIC ENDOSCOPE APPARATUS WITHOUT FLICKER ON SCREEN

JCP 03/08/01  
09/800910  
U.S. PRO

UTILITY PATENT APPLICATION TRANSMITTAL

IN ACCORDANCE WITH 37 CFR §1.53 (b)

Assistant Commissioner of  
Patent and Trademarks  
Washington, D.C. 20231  
BOX: PATENT APPLICATION

Sir:

This application is a:

New Application.

Continuation

Divisional of U.S.P.T.O. Serial Number \_\_\_\_\_, filed

\_\_\_\_\_.

Continuation in Part of U.S.P.T.O. Serial Number \_\_\_\_\_,  
filed \_\_\_\_\_.

The undersigned has been authorized by the Applicant(s),

Mitsuru HIGUCHI

Kazuhiro YAMANAKA

FOR: ELECTRONIC ENDOSCOPE APPARATUS WITHOUT FLICKER ON SCREEN

to file the attached specification and required drawings. Please assign a serial number and accord a filing date to this prospective application.

Enclosed are:

- 13 pages of Specification,  
2 page(s) of Claims,  
1 page of an Abstract, and  
5 sheet(s) of Drawing(s). Total pages in the disclosure are therefore 21
- Return Receipt Postcard (MPEP 503).
- Application Data Sheet
- Oath or Declaration with Power of Attorney
- Newly executed (original or copy)  
\_\_\_\_ Copy from a prior application (37 CFR §1.63(d))
- Signed Statement deleting inventor(s) named in prior application.
- Applicant claims Small Entity status under 37 CFR §1.27.
- Assignment of the Invention and \$40.00.
- A certified copy of Priority Document(s).
- A Preliminary Amendment.
- Letter to the Official Draftsperson and amended drawing(s).
- An Information Disclosure Statement (IDS)/PTO Form 1449.
- The basic filing fee of \$710.00.

X The fees for the claims to be calculated as follows:

Claims Presented		Less Entitlement		Additional Fees			
				Small Entity		Large Entity	
Total	4	Minus	20	x \$9=	0.00	x \$18=	0.00
Indep.	1	Minus	3	x \$39=	0.00	x \$78=	0.00
New Multiple Dependent Claims		-0-		x\$130=	0.00	x\$260=	0.00
And Claims Dependent Thereon		-0-		x\$130=	0.00	x\$260=	0.00
<b>TOTAL ADDITIONAL FEE</b>		<b>0.00</b>			<b>0.00</b>		

- X A check in the total amount of \$750.00 is enclosed to cover filing fee, Recordation of Assignment fee, and excess claims fee.
- X The Commissioner is hereby authorized to charge to my Deposit Account No. 19-2816 any fees required under any of 37 CFR §§1.16 to 1.17 at any time during the pendency of this application.



Ronald R. Snider  
Attorney of Record  
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Date: March 8, 2001

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RRS/bam